

346

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be properly classified. Exact state should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

## STANDARD CERTIFICATE OF DEATH

## Arizona State Board of Health

## BUREAU OF VITAL STATISTICS

State File No.

331

1. PLACE OF DEATH  
 County Navajo State ARIZONA Registered No. \_\_\_\_\_  
 Township Snowflake or Village \_\_\_\_\_  
 City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 How long in U. S. if a foreign \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 How long in State where death occurred? 65 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 2. FULL NAME Ella C. Birdno St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (a) Residence: No. Snowflake Ariz (Usual place of abode) (If non-resident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) married  
 5a. If married, widowed, or divorced  
 HUSBAND of George Birdno  
 (or) WIFE of \_\_\_\_\_  
 6. DATE OF BIRTH (month, day, and year) June 8 - 1870  
 7. AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
65 5 8  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) (state or country) \_\_\_\_\_  
 13. NAME Benjamin Cluff  
 14. BIRTHPLACE (city or town) (State or country) N. Hampshire  
 15. MAIDEN NAME Mary E. Foster  
 16. BIRTHPLACE (city or town) (State or country) N. Hampshire  
 17. INFORMANT Lucile Freeman  
 (Address) Snowflake Ariz  
 18. BURIAL, CREMATION, OR REMOVAL  
 Place Snowflake Date May 12, 1935  
 19. UNDERTAKER D. A. Butler  
 (Address) Snowflake Ariz  
 20. Filed June 1st 1935 J. H. Frost Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 10th, 1935  
 22. I HEREBY CERTIFY, That I attended deceased from May 7, 1935 to May 10, 1935  
 I last saw him alive on May 10, 1935; death is said to have occurred on the date stated above, at 5:15 m.

The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage Date of Onset May 8th  
 Other contributory causes of importance:  
arterial hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (violence) fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) J. H. Frost M. D.  
 (Address) Snowflake